

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3591
 Name: C&E Oil
 Address 1: 422 Elm
 Address 2: _____
 City: Moline State: Ks Zip: 67353 + _____
 Contact Person: Ed Triboulet
 Phone: (620) 647-3601
 CONTRACTOR: License # 32701
 Name: C&G Drilling
 Wellsite Geologist: Joe Baker
 Purchaser: Plain Marketing
 Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
 Oil _____ SWD _____ SIOW
 _____ Gas _____ ENHR _____ SIGW
 _____ CM (Coal Bed Methane) _____ Temp. Abd.
 _____ Dry _____ Other _____
 (Core, WSW, Expl., Cathodic, etc.)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 _____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD
 _____ Plug Back: _____ Plug Back Total Depth
 _____ Commingled _____ Docket No.: _____
 _____ Dual Completion _____ Docket No.: _____
 _____ Other (SWD or Enhr.?) _____ Docket No.: _____

<u>09/19/09</u>	<u>09/23/09</u>	<u>10/07/09</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

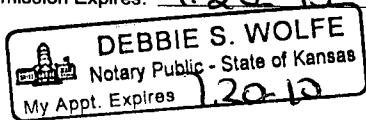
API No. 15 - 019-26971-00-00
 Spot Description: _____
NE SE NE NE Sec. 14 Twp. 32 S. R. 10 East West
980 Feet from North / South Line of Section
215 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: CQ
 Lease Name: McNee D Well #: 7
 Field Name: Oliver
 Producing Formation: Mississippi
 Elevation: Ground: 1072 Kelly Bushing: 1078
 Total Depth: 2051 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 40 ft Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion, cement circulated from: _____
 feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan Att II NR 11-4-09
 (Data must be collected from the Reserve Pit)
 Chloride content: NA ppm Fluid volume: 340 bbis
 Dewatering method used: Hauled
 Location of fluid disposal if hauled offsite:
 Operator Name: C&E Oil
 Lease Name: Jacot License No.: 3591
 Quarter SE4 Sec. 11 Twp. 32S S. R. 10 East West
 County: CQ Docket No.: E28115

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Edward D. Triboulet
 Title: President Date: 10-20-09
 Subscribed and sworn to before me this 20 day of Oct,
2009
 Notary Public: Debbie S. Wolfe
 Date Commission Expires: 7-22-10



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED

OCT 21 2009

KCC WICHITA

Operator Name: C&E Oil Lease Name: McNee D Well #: 7
 Sec. 14 Twp. 32 S. R. 10 East West County: CQ

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Geologist Log, Gamma Ray Neutron, Cement Bond Log, Completion Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Ft Scott</td> <td>1652</td> <td>(-573)</td> </tr> <tr> <td>Cherokee</td> <td>1696</td> <td>(-617)</td> </tr> <tr> <td>Mississippi CHT</td> <td>1974</td> <td>(-895)</td> </tr> <tr> <td>Mississippi LM</td> <td>1978</td> <td>(-899)</td> </tr> </table>	Name	Top	Datum	Ft Scott	1652	(-573)	Cherokee	1696	(-617)	Mississippi CHT	1974	(-895)	Mississippi LM	1978	(-899)
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Ft Scott	1652	(-573)														
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	10 3/4	8 5/8	23#	40 ft	Class A	40 sk	115 # CeClz 3%, 75# Gel 2%
Long string	7 7/8	5 1/2	17#	2050	Class A	300 sks	10# FloCote 14, 60#40 Pozmix, Gel 8%

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	1986-2002	500 Gall Acid	
			<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED OCT 21 2009 KCC WICHITA </div>

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>2010</u> Packer At: <u>No</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>10-14-09</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls. <u>35</u>	Gas Mcf	Water Bbls. <u>100</u> Gas-Oil Ratio Gravity <u>32S</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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On Well Services, LLC

LOCATION LURKA

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
9-23-09	2092	McNee D # 7	14	325	10E	CO																
CUSTOMER C & E OIL			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>445</td> <td>Justin</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>John S.</td> <td></td> <td></td> </tr> <tr> <td>543</td> <td>Dave</td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Justin			479	John S.			543	Dave		
TRUCK #	DRIVER	TRUCK #					DRIVER															
445	Justin																					
479	John S.																					
543	Dave																					
MAILING ADDRESS 422 ELM																						
CITY Moline	STATE KS	ZIP CODE 67353																				

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2060' CASING SIZE & WEIGHT 5 1/2 17# NB W
 CASING DEPTH 2050' G.L. DRILL PIPE _____ TUBING _____ OTHER 2045 P8TD G.L.
 SLURRY WEIGHT 12.7-13.6 SLURRY VOL 91 BBL WATER gal/sk 2.0 - 8.0 CEMENT LEFT IN CASING 5'
 DISPLACEMENT 48.5 BBL DISPLACEMENT PSI 900 PSI 1300 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 Casing. Break Circulation w/ 10 BBL Fresh water. Mixed 200 sks 60/40 Pozmix Cement w/ 8% Gel. 1/2" Pheno Seal /sk @ 12.7" /gal, yield 1.70. Tail in w/ 110 sks Thick Set Cement w/ 5" Kol-Seal /sk @ 13.6" /gal, yield 1.75. Shut down. Wash out Pump & Lines. Release Latch down Plug. Displace w/ 48.5 BBL Fresh water. Final Pumping Pressure 900 Psi. Bump Plug to 1300 Psi. wait 2 minutes. Release Pressure, Float & Plug Held. Good Cement Returns to Surface = 5 BBL Slurry (17 sks) to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	870.00	870.00
5406	40	MILEAGE	3.45	138.00
1131	200 sks	60/40 Pozmix Cement	10.70	2140.00
1118 A	1376 *	Gel 8% } Lead Cement	.16 *	220.16
1107 A	100 *	Pheno Seal 1/2" /sk	1.08 *	108.00
1126 A	100 sks	Thick Set Cement } Tail Cement	16.00	1600.00
1110 A	500 *	Kol-Seal 5" /sk	.39 *	195.00
5407 A	14.1 Tons	40 miles Bulk Trucks	1.16	654.24
4454	1	5 1/2 Latch down Plug	228.00	228.00
4159	1	5 1/2 AFU Float Shoe	309.00	309.00
4130	4	5 1/2 x 7 7/8 Centralizers	44.00	176.00
KCC WICHITA				
OCT 21 2009				
RECEIVED				
THANK YOU				
M				
201381				
			Sub Total	6638.40
			SALES TAX 6.3%	313.50
			ESTIMATED TOTAL	6951.90

Rev 3737

AUTHORIZATION Witnessed By Ed Triboulet

TITLE OWNER

DATE 9-23-09